FORM D

Type of Filing:

Kubisoft, Inc.

 □ corporation ☐ business trust

Address of Executive Offices

97 Lowell Road, Concord, MA 01742

Address of Principal Business Operations (if different from Executive Offices) Brief Description of Business Software Development Type of Business Organization

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

PROCESSED

MAY 1 4 2002

THOMSON P

Sale of Series A-1 Participating Preferred Stock

New Filing

Actual or Estimated Date of Incorporation or Organization:

1. Enter the information requested about the issuer

Filing Under (Check box(es) that apply): Rule 504 Rule 505

FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTI

☐ limited partnership, already formed

limited partnership, to be formed

/ / /	OMB APP	3235-0076 ober 31, 1996
N	OMB Number:	
		den hours per

ONLY

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PURSUANT TO REGULATION D, SECTION 4(6), AND/OR NIFORM LIMITED OFFERING EXEMPTION	Prefix Serial DATE RECEIVED
nt and name has changed, and indicate change.)	E VIOLENCE CONTRACTOR
04 ☐ Rule 505 ☐ Rule 506 ☐ Section 4(6 Iment	O DOLÓE MAY O 1 2002
A. BASIC IDENTIFICATION DATA	
•	
and name has changed, and indicate change.)	
(Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)
(Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)
limited partnership, already formed limited partnership, to be formed	other (please specify):
nization: Month Year 0 9 1 (Enter two-letter U.S. Postal Service abbreviation for State	☐ Estimated

GENERAL INSTRUCTIONS

Jurisdiction of Incorporation or Organization:

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. Or 15 U.S.C. 77d(6).

CN for Canada; FN for other foreign jurisdiction)

When to File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Name of Offering (check if this is an amendment and name has changed, and indicate change.)

Amendment

Name of Issuer (check if this is an amendment and name has changed, and indicate change.)

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemp-tion, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the app federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal

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			IFICATION DATA		are the second of the second o
2. Enter the information	requested for the foll		<u> </u>		
Each beneficial of issuer;Each executive of the issuer.	owner having the pow	corporate issuers and of corp	the past five years; ect the vote or disposition of, porate general and managing p		
Check Box(es) that Apply	Promoter	⊠ Beneficial Owner		□ Director	General and/or Managing Partner
Full Name (Last name firs Estrada, Julio	t, if individual)				
Business or Residence Ad 97 Lowell Road, Concord		reet, City, State, Zip Code)			
Check Box(es) that Apply	Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name firs	t, if individual)				
Business or Residence Ad	dress (Number and Str	reet, City, State, Zip Code)			
Check Box(es) that Apply	Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	General and/or Managing Partner
Full Name (Last name firs	t, if individual)				
Business or Residence Ad	dress (Number and St	reet, City, State, Zip Code)			
Check Box(es) that Apply	Promoter	Beneficial Owner	☐ Executive Officer	Director	General and/or Managing Partner
Full Name (Last name firs	t, if individual)				
Business or Residence Ad	dress (Number and St	reet, City, State, Zip Code)			
Check Box(es) that Apply	Promoter	☐ Beneficial Owner	☐ Executive Officer	Director	General and/or Managing Partner
Full Name (Last name firs	t, if individual)				
Business or Residence Ad	dress (Number and St	reet, City, State, Zip Code)			
Check Box(es) that Apply	Promoter	☐ Beneficial Owner	☐ Executive Officer	Director	General and/or Managing Partner

. Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

☐ Executive Officer

☐ Director

☐ Beneficial Owner

Full Name (Last name first, if individual)

Full Name (Last name first, if individual)

Check Box(es) that Apply:

Business or Residence Address (Number and Street, City, State, Zip Code)

☐ Promoter

Business or Residence Address (Number and Street, City, State, Zip Code)

General and/or
Managing Partner

								UT OFFER					
1.	Has the	issuer sold,	or does the	issuer inten	d to sell, to	non-accred	lited investor	s in this offer	ing?				Yes No
					Answer als	o in Appen	dix, Column	2, if filing un	der ULOE.				
2.	What is	the minimu	ım investme	ent that will	be accepted	l from any i	ndividual? (c	ompany may	accept less).				\$ <u>25,000.00</u> Yes No
3.	Does th	e offering p	ermit joint	ownership o	f a single u	nit?							🗆 🗵
4.	Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only.												
Full	l Name (I	ast name fi	rst, if indivi	dual)									
Bus	siness or l	Residence A	ddress (Nu	mber and St	reet, City, S	State, Zip Co	ode)		<u></u>				
Nar	ne of Ass	sociated Bro	ker or Deal	er							<u>.</u>		
													
Stat		ich Person I											-
	(Check [AL] [IL] [MT] [RI]	"All States' [AK] [IN] [NE] [SC]	or check ii [AZ] [IA] [NV] [SD]	ndividual St [AR] [KS] [NH] [TN]	ates) [CA] [KY] [NJ] [TX]	[CO] [LA] [NM] [UT]	[CT] [ME] [NY] [VT]	[DE] [MD] [NC] [VA]	[DC] [MA] [ND] [WA]	[FL] [MI] [OH] [WV]	[GA] [MN] [OK] [WI]	[HI] [MS] [OR] [WY]	. All States [ID] [MO] [PA] [PR]
Ful	l Name (Last name fi	rst, if indiv	idual)								,	
Bus	siness or	Residence A	Address (Nu	mber and S	treet, City, S	State, Zip C	ode)						
Nai	me of As	sociated Bro	ker or Deal	er		 				<u>, </u>			
Sta	tes in Wi	nich Person	Listed Has	Solicited or	Intends to S	Solicit Purch	nasers						
	(Check [AL] [IL] [MT] [RI]	"All States" [AK] [IN] [NE] [SC]	or check in [AZ] [IA] [NV] [SD]	ndividual St [AR] [KS] [NH] [TN]	ates) [CA] [KY] [NJ] [TX]	[CO] [LA] [NM] [UT]	[CT] [ME] [NY] [VT]	[DE] [MD] [NC] [VA]	[DC] [MA] [ND] [WA]	[FL] [MI] [OH] [WV]	[GA] [MN] [OK] [WI]	[HI] [MS] [OR] [WY]	. All States [ID] [MO] [PA] [PR]
Ful	ll Name (Last name fi	irst, if indiv	idual)									
Bu	siness or	Residence A	Address (Nu	mber and S	treet, City,	State, Zip C	Code)						
Na	me of As	sociated Bro	oker of Dea	er	_,	· ·							, grana a
S+0	tec in N7	nich Person	Listad Una	Solicited or	Intends to	Solicit Duro	hocare					<u> </u>	
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	[AL] [IL] [MT] [RI]	[AK] [IN] [NE] [SC]	[AZ] [AZ] [IA] [NV] [SD]	[AR] [KS] [NH] [TN]	[CA] [KY] [NJ] [TX]	[CO] [LA] [NM] [UT]	[CT] [ME] [NY] [VT]	[DE] [MD] [NC] [VA]	[DC] [MA] [ND] [WA]	[FL] [MI] [OH] [WV]	[GA] [MN] [OK] [WI]	[HI] [MS] [OR] [WY]	[ID] [MO] [PA] [PR]

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

	Type of Security	Aggregate Offering Price		Amount Already Sold
	Debt	\$	\$_	
	Equity	\$2,000,000.00	\$2	,000,000.00
	☐ Common ☑ Preferred			
	Convertible Securities (including warrants)	\$	\$_	
	Partnership Interests	\$	\$_	
	Other (Specify)	\$	\$_	
	Total	\$2,000,000.00	\$2	,000,000.00
	Answer also in Appendix, Column 3, if filing under ULOE.			
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indi-cate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."			
		Number Investors		Aggregate Dollar Amount of Purchases
	Accredited Investors	7	\$_	2,000,000.00
	Non-accredited Investors	- 0 -	\$_	- 0 -
	Total (for filings under Rule 504 only)	- 0 -	\$_	2,000,000.00
	Answer also in Appendix, Column 4, if filing under ULOE.			
3.	If this filing is for an offering under Rule 504 or 505, enter the information for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1.			
	Type of Offering	Type of Security		Dollar Amount Sold
	Rule 505	-0-	\$_	-0-
	Regulation A	-0-	\$_	-0
	Rule 504	-0-	\$_	-0-
	Total	-0-	\$_	-0-
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.			
	Transfer Agent's Fees		\$_	
	Printing and Engraving Costs		\$_	
	Legal Fees	\boxtimes	S	<u>30,000.00</u>
	Accounting Fees		S_	
	Engineering Fees		S_	
	Sales Commissions (specify finders' fees separately)		\$_	
	Other Expenses (identify)		S_	
	Total		S	30,000.00
	b. Enter the difference between the aggregate offering price given in response to Part C - Ques-tion I and			
	total expenses furnished in response to Part C - Question 4.a. This difference is the "adjusted gross proceeds to the issuer."		S <u>1</u>	,970,000.00
			SEC	1972 (1/94)

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

5. Indicate below the amount of the adjusted gross proceeds to the issuer used or proposed to be used for each of the purposes shown. If the amount for any purpose is not known, furnish an estimate and check the box

			Payments to Officers, Directors, & Affiliates	Payments To Others	
Salaries and fees		🗆	\$	\$	
Purchase of real estate		🗆	\$	□ \$	
Purchase, rental or leasing and installation	of machinery and equipment	🗆	S	□ \$	
Construction or leasing of plant buildings a	and facilities	🗀	\$	□ \$	
	the value of securities involved in this offering that ecurities of another issuer pursuant to a merger)	🗀	\$	□ \$	
Repayment of indebtedness		🗆	\$		
Working capital		🖾	\$1,970,000.00	□ s	
Other (specify): Marketing, Public Relation	ns		\$	\$	
		 🗆	\$	□ \$	
Column Totals		🛛	\$ <u>1,970,000.00</u>	 \$	
Total Payments Listed (column totals adde	d)	······	⊠ \$1,970,000.00		
	D. FEDERAL SIGNATURE				
	by the undersigned duly authorized person. If this r sh to the U.S. Securities and Exchange Commission tor pursuant to paragraph (b)(2) of Rule 502.				
uer (Print or Type) bisoft, Inc.	Signature Mthal	Date	4.26.0	2	
me of Signer (Print or Type) io Estrada	Title of Signer (Print or Type) President				
				-	

E. STATE SIGNATURE

The issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person.

Issuer (Print or Type) Kubisoft, Inc.	Signature Jutub	Date 4.26.02
Name of Signer (Print or Type) Julio Estrada	Title of Signer (Print or Type) President	

Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

AI	P	E	V	D	IX

ı	2 3			AGEND	5						
	to non-a	to sell ccredited s in State -Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)	1	Type of investor and amount purchased in State (Part C-Item 2)				Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)		
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No		
AL	163	110		Investors	Amount	1117431013	Amount	163	110		
AK				<u> </u>							
AZ									 		
AR											
CA				-							
со											
СТ											
DE											
DC											
FL											
GA											
ні											
ID											
IL											
IN											
ſΑ											
KS											
KY	<u> </u>										
LA											
МЕ											
MD											
МА		X	Series A-1 Participating Preferred Stock	5	\$1,650,000.00						
MI			<u> </u>								
MN											
MS					<u> </u>				<u></u>		
МО			<u>:</u>								
MT											

APPENDIX

	**:			APPENDI				1.7	
1	2								
	Intend	to sell	Type of security and aggregate				}		ate ULOE s, attach
	to non-ac	ccredited	offering price offered in state	,	Type	of investor and ourchased in State		explar	ation of
	investors	s in State -Item 1)	offered in state (Part C-Item 1)		amount p	ourchased in State art C-Item 2)		waiver	granted) -Item 1)
	(ratt b	-nem r)	(rait C-item 1)		(17			(rait L	-reciii 1)
				Number of Accredited		Number of Non-Accredited			
State	Yes	No		Investors	Amount	Investors	Amount	Yes	No
NE									
NV									
NH									
NJ									
NM									
NY								-	
NC									
ND									
ОН									
ОК									
OR									
PA									
RI									
SC									
SD									
TN									
TX									
UT									
VT									
VA									
WA		X	Series A-1 Participating Preferred Stock	2	\$350,000.00				
WV									
WI									
WY									
PR				<u> </u>					